

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

101549886

SEARCH NO.
APPLICANT

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/		/			51					
2			/		/			52					
3			/		/			53					
4			/		/			54					
5			/		/			55					
6			/		/			56					
7			/		/			57					
8			/		/			58					
9			/		/			59					
10			/		/			60					
11			/		/			61					
12			/		/			62					
13			/		/			63					
14			/		/			64					
15			/		/			65					
16			/		/			66					
17			/		/			67					
18			/		/			68					
19			/		/			69					
20			/		/			70					
21			/		/			71					
22			/		/			72					
23			/		/			73					
24			/		/			74					
25			/		/			75					
26			/		/			76					
27			/		/			77					
28			/		/			78					
29			/		/			79					
30			/		/			80					
31			/		/			81					
32			/		/			82					
33			/		/			83					
34			/		/			84					
35								85					
36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL NO.	2	2	2	2	2	2		TOTAL NO.	2	2	2	2	2
TOTAL DEP.	34	31	31	31	31	31		TOTAL DEP.	2	2	2	2	2
TOTAL CLAIMS	36	33	33	33	33	33		TOTAL CLAIMS	2	2	2	2	2